



FILED

06 SEP -8 PM 3:54

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers

3. This Statement covers From: 7-23-06 To: 8-28-06

1. Committee I.D. Number <u>135331-50</u>	4. Candidate Last Name <u>SENSTOCK</u> First Name <u>JAMES</u> M.I. _____
2. Committee Name <u>COMMITTEE TO ELECT</u> <u>JAMES SENSTOCK</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>COMMISSIONER DISTRICT #18</u> 4b. County of Residence <u>MACOMB</u> Driver License # (Optional) _____
5. Committee's Mailing Address <u>31698 SAN JUAN</u> <u>HARRISON TWP, MI 48045</u> Area Code and Phone <u>(586) 463-9150</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	6. Treasurer's Name & Residential Address <u>JAMES SENSTOCK</u> <u>31698 SAN JUAN, HARRISON TWP MI 48045</u> Area Code & Phone <u>(586) 463-9150</u> Driver License # (Optional) _____
7. Treasurer's Business Address <u>JAMES SENSTOCK</u> <u>31698 SAN JUAN</u> <u>HARRISON TWP MI 48045</u> Area Code and Phone <u>(586) 463-9150</u>	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone () _____ Driver License # (Optional) _____
9. TYPE OF STATEMENT	
9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election	9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)
Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus	9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ Month _____ Day _____ Year
Date of Election, Convention or Caucus <u>8-8-06</u> ____ Month _____ Day _____ Year	
<small>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</small>	

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper JAMES SENSTOCK James Senstock Date 9/8/06
Type or Print Name Signature Mo Day Year

Candidate JAMES SENSTOCK James Senstock Date 9/8/06
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 135331-50

2. Committee Name COMMITTEE TO ELECT

JAMES SENSTOCK

STATEMENT 7/23/06 THRU 8-28-06

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$		
c. Subtotal of "Contributions"	(3c.) \$	<u>300.00</u>	(18.) \$ <u>1410.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>300.00</u>	(20.) \$ <u>1410.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>716.07</u>	(21.) \$ <u>3151.35</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>5644.92</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1310.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1610.63</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1610.63</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50
2. Committee Name CTE JAMES SENSTOC

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>7/27/06</u>	200.00	
Name: <u>ROBERT A COBB</u>					
Address: <u>2570 PINE LAKE RD ORCHARD LAKE MI</u>					
5. If over \$100.00 cumulative, please provide:			<u>48324</u>		
Occupation <u>RETIRED</u> Employer _____					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>7/29/06</u>	50.00	
Name: <u>ROBERT KUTH</u>					
Address: <u>19500 HALL RD SUITE 100 CLINTON TWP MI 48038</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>7/29/06</u>	50.00	
Name: <u>ROSEMARY DAVIS</u>					
Address: <u>19500 HALL RD SUITE 100 CLINTON TWP MI 48038</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: _____					
Address: _____					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
Page Subtotal				300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)				300.00	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number

135331-50

2. Committee Name

CTE JAMES SENSTOCK

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: <u>31698 SAN JUAN</u> <u>HARRISON TWP 48045</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MAILERS</u> 5. Date Of Receipt: <u>7/31/06</u> 6. Vendor Name & Address: <u>MANNATTON PRINTERS</u> <u>51132 MILANO</u> <u>MACOMB, MI</u> <u>48045</u>	<u>678.69</u>	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MILEAGE 75 MI @ .485/MI</u> 5. Date Of Receipt: <u>8/9/06</u> 6. Vendor Name & Address:	<u>36.38</u>	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

715.07

715.07

Enter this total
on line 6 of
Summary
Page